Fill in this information to identify your case:	Check one box only as directed in this form and in			
Debtor 1 Danielle Lee Wait	Form 22A-1Supp:			
First Name Middle Name Last Name Debtor 2	1. There is no presumption of abuse.			
(Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for: OREGON	2. The calculation to determine if a presumption of abuse applies will be made under <i>Chapter 7 Means</i>			
45 23254 -1-17	Test Calculation (Official Form 22A–2).			
Case number (If known)	3. The Means Test does not apply now because of qualified military service but it could apply later.			
	☐ Check if this is an amended filing			
Official Form 22A—1				
Chapter 7 Statement of Your Current Month	lly Income 12/14			
Be as complete and accurate as possible. If two married people are filing together, both is needed, attach a separate sheet to this form. Include the line number to which the adepages, write your name and case number (if known). If you believe that you are exempte primarily consumer debts or because of qualifying military service, complete and file St § 707(b)(2) (Official Form 22A-1Supp) with this form. Part 1: Calculate Your Current Monthly Income	ditional information applies. On the top of any additional ed from a presumption of abuse because you do not have			
What is your marital and filing status? Check one only.				
Not married. Fill out Column A, lines 2-11.				
☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-	11.			
☐ Married and your spouse is NOT filing with you. You and your spouse are:				
Living in the same household and are not legally separated. Fill out both Co	lumns A and B, lines 2-11.			
Living separately or are legally separated. Fill out Column A, lines 2-11; do not under penalty of perjury that you and your spouse are legally separated under not are living apart for reasons that do not include evading the Means Test requirem	onbankruptcy law that applies or that you and your spouse			
Fill in the average monthly income that you received from all sources, derived durit case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month amount of your monthly income varied during the 6 months, add the income for all 6 mon include any income amount more than once. For example, if both spouses own the same one column only. If you have nothing to report for any line, write \$0 in the space.	period would be March 1 through August 31. If the ths and divide the total by 6. Fill in the result. Do not			
	Column A Column B Debtor 1 Debtor 2 or non-filing spouse			
Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$_1,894.30_ \$			
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$\$			
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$\$			
5. Net income from operating a business, profession or farm				
Gross receipts (before all deductions) \$000				
Ordinary and necessary operating expenses - \$	0.00			
Net monthly income from a business, profession, or farm \$0.00 Copy here→	\$ <u> </u>			
6. Net income from rental and other real property Gross receipts (before all deductions) \$				
Ordinary and necessary operating expenses – \$ 0.00				

0.00 Copy here→

0.00

Net monthly income from rental or other real property

7. Interest, dividends, and royalties

Case number (if known) 15-33254-rld7

		Column A Debtor 1		Column B Debtor 2 or non-filing spouse			
8. Unemployment compensation		s (0.00	\$			
Do not enter the amount if you contend that the amount under the Social Security Act. Instead, list it here:		-		Y			
For you							
For your spouse	\$						
Pension or retirement income. Do not include any amore benefit under the Social Security Act.	ount received that was a	\$(0.00	\$			
10. Income from all other sources not listed above. Specific Do not include any benefits received under the Social Seas a victim of a war crime, a crime against humanity, or iterrorism. If necessary, list other sources on a separate parameters.	ecurity Act or payments receive international or domestic						
10a. Contribution for housemate		\$_500.	.00	\$			
10b		\$		\$			
10c. Total amounts from separate pages, if any.		+\$ 0	0.00	+\$			
				-			
11. Calculate your total current monthly income. Add line column. Then add the total for Column A to the total for Column A.		\$ 2,394	.30 +	. •		= \$ 2,394.30	
	J J J J J J J J J J J J J J J J J J J	Ψ <u>2,00</u>		Ψ		Total current monthly	
Part 2: Determine Whether the Means Test App	olies to You					income	
12. Calculate your current monthly income for the year.	Follow these steps:						
12a. Copy your total current monthly income from line 1			Copy li	ine 11 here	12a.	\$ 2,394.30	
Multiply by 12 (the number of months in a year).						x 12	
12b. The result is your annual income for this part of the	e form.				12b.	\$_28,731.60	
13. Calculate the median family income that applies to y	ou. Follow these steps:						
Fill in the state in which you live.	Oregon						
Fill in the number of people in your household.	1				Γ		
Fill in the median family income for your state and size o					13.	\$ <u>47,055.00</u>	
To find a list of applicable median income amounts, go o instructions for this form. This list may also be available	online using the link specified in at the bankruptcy clerk's office.	the separate					
14. How do the lines compare?	, ,						
14a. Line 12b is less than or equal to line 13. On the Go to Part 3.	top of page 1, check box 1, Th	ere is no pres	umption	of abuse.			
14b. Line 12b is more than line 13. On the top of pag Go to Part 3 and fill out Form 22A–2.	ge 1, check box 2, The presump	otion of abuse	is deteri	mined by For	m 22A-	2.	
Part 3: Sign Below							
By signing here, I declare under penalty of perjui	ry that the information on this st	tatement and i	n any at	tachments is	true an	d correct.	
✗ /s/Danielle Lee Wait	×						
Signature of Debtor 1	Siç	gnature of Debto	or 2				
07/16/2015							
Date 07/16/2015 MM / DD / YYYY	Da	MM / DD	/ YYYY	-			
If you obsolved line 4.46, de NOT (III and an City En	rm 22A 2						
If you checked line 14a, do NOT fill out or file Form 22A–2.							
If you checked line 14b, fill out Form 22A–2 and	ille it with this form.						